

Exhibit 4-1
PROJECT DATA SHEET

State of Washington
Department of Community, Trade and Economic Development
Office of Community Development
PO Box 48350, Olympia, WA 98504-8350

PROJECT DATA SHEET

Contract number # _____

Dear Award Recipient:

Please verify and complete this form at your earliest possible convenience. Contract documents for your project cannot be drafted until this completed form is received in our office. If you have any questions or need assistance, please contact Peggy Karr at (360) 725-2929 or Pam Denham at (360) 725-2933.

Organization Name: _____

Address: _____
(Street Address) (P.O. Box)

City: _____
City Zip + 4

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ E-Mail: _____
Area Code – Number Area Code – Number

Federal Tax Identification Number: _____ Fiscal Year Ends: _____

Project Name: _____

Project Address: _____

Project County: _____ Assessor's Tax Parcel Number: _____

Abbreviated Legal Description: _____

You MUST Attach Full Legal Description to this form.

Trustee or Title Company: _____

Trustee or Title Company Address: _____

Proposed HFU award lien position, i.e., First, Second, Third, etc.: _____

Is this a Tax Credit project? _____ Tax Credit Award Date: _____

Name of Limited Partnership: _____

Address of Limited Partnership: _____

Lender (if Subordination): _____

Date you would like to see this contract executed: _____

Exhibit 4-2
SIGNATURE AUTHORIZATION FORM

Department of Community, Trade and Economic Development
906 Columbia Street SW
PO Box 48350
Olympia, WA 98504-8350

Signature Authorization

Organization Name	Date Submitted
Project Name	Contract Number

Authorized to Sign Contracts, Amendments and Loan Agreements

Signature	Print or Type Name	Title

Authorized to Sign Invoice Vouchers (Draw Requests)

Signature	Print or Type Name	Title

Authorizing Authority

Signature	Print or Type Name	Title

Exhibit 4-2
SIGNATURE AUTHORIZATION FORM - Continued

Instructions

The Signature Authorization Form identifies:

The person(s) who are authorized to sign contracts, loan agreements, and amendments or modifications to those documents;

The person(s) who are authorized to sign invoice vouchers requesting draw downs of Housing Trust Fund dollars; and

The authorizing authority—the person who authorizes the above persons to sign.

The authorizing authority is usually the chief executive officer of the jurisdiction or non-profit organization. Sometimes this person's signature is also designated to sign contracts. Any other person authorized to sign contracts, agreements, or amendments must be so designated by formal resolution of the governing body.

If the chief executive officer is authorized to sign invoice vouchers, then two members of the Board must sign in the Authorizing Authority section. The same person cannot sign in all three places without two persons signing in the Authorizing Authority section.

It is considered prudent to identify two or more individuals as authorized to sign invoice vouchers, so that requests for Housing Trust Fund money will not be delayed if one individual is unavailable to sign. In addition, a person authorized to request funds (by signing vouchers) should not be the same person who is responsible for authorizing the expenditure of funds. This ensures appropriate control and accountability for financial transactions at the local level.

Please sign the form in ink.

If any of the designations on the Signature Authorization Form must change, please complete and submit a new form to CTED, Housing Division

Exhibit 4-3
INVOICE VOUCHER

STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY, TRADE
AND ECONOMIC DEVELOPMENT
906 Columbia Street SW
PO Box 48350
Olympia, Washington 98504-8350

INVOICE VOUCHER

Contract Number: _____

Dates of Service: _____

Recipient:
Address: _____

Contact Person:
Telephone: _____

Project Name: _____

Contract Officer: _____

HOME Project #: _____

Voucher Number: _____

◆◆PROJECT EXPENDITURE DETAIL◆◆

Activity	Award Amount	Amount Previously Requested	Amount Requested This Period	Balance
Development				
Acquisition				
New Construction				
Rehabilitation				
Other				
TOTALS			\$ 	

I certify that the information on this form is true and accurate, that all expenditures are properly chargeable to and meet the conditions of the above referenced contract, and that all funds will be expended within 30 days of receipt.

Recipient Signature

Title

Date

PREPARED BY						DATE		AGENCY APPROVAL			DATE	
DOC DATE			CURRENT DOC NO			REF			VENDOR NUMBER		VENDOR MESSAGE	
TRANS CODE	M O D	FUND	APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	CNTY	CITY	PROJECT	AMOUNT	INVOICE NUMBER	G/L
APPROVED FOR PAYMENT BY							DATE			WARRANT TOTAL		

Exhibit 4-3
INVOICE VOUCHER - Continued

Instructions

ENTER ALL REQUIRED ITEMS NOT PRE-PRINTED:

1. Enter the name of your organization as it appears in your HTF contract. Enter your mailing address.
2. Enter the name of the project you are billing for, as it appeared in your HTF application.
3. Enter the contract number as it appears on the first page of your contract for this Project.
4. Enter the time period for which you are billing, i.e., January 1, 2003 – January 31, 2003.
5. Enter the name of the person in your organization who can be contacted with questions about this invoice and/or project.
6. Enter the current phone number for the person listed in #5 above.
7. Enter the name of the staff member who has been working with you on the project.
8. Number each of your invoice vouchers. The first request for drawdown on a new project would be #1, the next would be #2, etc.
9. Enter the name of the activity as authorized or detailed in your contract.
10. Enter the total amount awarded for this project as reflected in your contract, including any executed amendments to increase or decrease the award.
11. Enter the total amount of previous voucher requests for this project, by activity. Identify "Other" if you use it.
12. Enter the amount being requested on this invoice voucher, by activity, as authorized in your contract for this project. **You must provide a copy of the document(s) used to support the billing amount, i.e., timesheets, appraisals, contractor billing, etc.**
13. Enter the remaining budget balance for each activity. ("Award Amount" less "Amount Previously Requested" less "Amount Requested This Period" will give you the balance. Total the balances for the activities to get the ending project balance.
14. Sign the certification (signatory must be documented and authorized on the Signature Authorization Form). Invoice vouchers will not be processed for payment without this signed certification by an authorized person. Copied or faxed signatures will not be accepted.
15. Enter the title of the signatory.
16. Enter the date the certification is signed.

PLEASE DO NOT WRITE IN THE AREA BELOW YOUR SIGNATURE CERTIFICATION

Keep of copy of this voucher for your records. Mail the original invoice voucher and supporting documentation to the attention of the Contract Officer noted on the voucher to:

**Department of Community, Trade and Economic Development
Office of Community Development
Housing Division
906 Columbia Street SW
PO Box 48350 (Always use PO Box unless special mailing service used)
Olympia WA 98504-8350**

Exhibit 4-4
ELECTRONIC FUND TRANSFER

State of Washington
Statewide Vendor Registration
(Form W9 also required)

<hr/> Vendor Name	<hr/> Contact Person
<hr/> Address to send paper remittance advice (see check box below)	<hr/> Title
<hr/> City	<hr/> Telephone Number
<hr/> State Zip + 4	<hr/> Fax Number
<hr/> E-mail Address to send remittance advice (see check box below)	<hr/> Headquarters Office Dun & Bradstreet DUNS #
<hr/> Type of goods or services	<hr/> WA State Contract Number (if applicable)

Check box for preferred delivery method of Direct Deposit remittance advices: E-MAIL ☐ PAPER ☐

Authorization Agreement for Direct Deposit (ACH Credits)

(The State of Washington strongly encourages vendors to accept electronic payments.)

I hereby authorize and request the Office of Financial Management (OFM) and the Washington State Treasurer's Office (STO) to initiate credit entries for vendor payments to the account indicated below, and the depository named below is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, the Office of Financial Management and the Washington State Treasurer's Office may initiate a reversing entry or reversing file to recall a duplicate or erroneous entry or file which they previously initiated. I understand that, if a reversal action is required, OFM will notify this office of the error and the reason for the reversal.

<hr/> Depository Name	
<hr/> Branch	<hr/> Phone Number
<hr/> Routing & Transit Number	
<hr/> Account Number / Type (If account type is not indicated, checking account will be used.)	
<div style="text-align: right;">Checking _____ Savings _____</div>	

This authority will continue until such time the Office of Financial Management and the Washington State Treasurer's Office has had a reasonable opportunity to act upon written request to terminate or change the Direct Deposit service initiated herein.

<hr/> Authorization Name (Print)	<hr/> Title (Print)
<hr/> Authorization Signature on Account	<hr/> Date

PLEASE RETURN THIS FORM TO:

**Office of Financial Management
Accounting Division
Attention: Statewide Vendor Update Desk
P.O. Box 43123
Olympia, WA 98504-3123**

Exhibit 4-4 ELECTRONIC FUND TRANSFER - Continued

INSTRUCTIONS FOR COMPLETING VENDOR REGISTRATION and AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS) FORM

General Instructions: **Please type or print clearly.** Complete all fields that are applicable to your business. Complete and attach a Form W-9 (Request for Taxpayer Identification Number and Certification) to this form. You may also attach a voided check to assist in verifying your business bank account number. If you have questions about filling out the form, direct them to the Office of Financial Management at (360) 664-7691.

Field Name	Instructions
Vendor Name	Enter the complete name of the entity (individual, partnership or corporation) as it appears on your federal tax forms.
Address, City, State, Zip	Enter the street address, city, state and zip code (including + 4 if known) of the location that payment information should be sent to. If you are paid by Direct Deposit, we will send a paper remittance advice (i.e. notification of payment) with posting instructions (invoice and/or account number) to this address. If you are paid by warrant, this is the address the warrant will be sent to.
E-mail Address	If you are signing up for Direct Deposit and you prefer to receive notification of payment by E-Mail, enter the E-Mail address where the notification of payment should be sent. Please note that we recommend you use a distribution list so this information is received and processed in a timely manner. If you are not signing up for Direct Deposit or if you prefer a paper copy of the notification of payment, enter the E-Mail address of the contact person (if available). This will be used only for some types of individualized correspondence.
Contact Person	Enter the name of the person to contact with any questions about payments. This person's name will be on the attention line of correspondence sent to you by the State. If you are an individual, you may leave this field blank.
Title	Enter the title of the contact person (if applicable).
Telephone Number	Enter the telephone number, including area code and extension, of the contact person (if applicable) or your business telephone number if you are an individual / sole proprietor.
Fax Number	Enter the fax number, including area code, of the contact person (if applicable) or your business fax number if you are an individual / sole proprietor.
DUNS Number	Enter the 9-digit Dun & Bradstreet number assigned to the headquarters of your business (if applicable). If you do not know the number, you can look it up on the internet at http://www.dnb.com/dunsno/list.htm .
Type of Goods or Services	Enter the main type of goods or services you provide to the State of Washington. For example, consulting services, property for rent/lease, office supplies, plumbing supplies, medical equipment, etc.
WA State Contract #	If you have one or more State procurement contracts through the WA State Dept. of General Administration or WA State Dept. of Information Services, enter the contract number or numbers.
Check box for preferred delivery method of Direct Deposit remittance advices	If you are receiving payment by Direct Deposit, you have the option to receive the notification of payment (called the "EFT Remittance Advice") by E-Mail or on Paper. The E-Mail remittance advice will be delivered approximately 2 days prior to the deposit of funds. The Paper remittance advice is mailed 2 days prior to the deposit of funds. Your date of receipt depends on where you are located and the U.S. Postal Service. If you do not check either box but you provide an Email address, your remittance will be sent by E-mail.

The following information is required if you wish to be paid by Electronic Fund Transfer (EFT). The State of Washington urges all vendors to sign up for this payment option. The State of Washington currently makes electronic payments using the CCD (Cash Concentration or Disbursement) format and mails invoice/account information to vendors two days prior to the settlement date.

Depository Name	Enter the name of the financial institution (bank, credit union, savings & loan, etc.) where you want funds deposited.
Branch	Enter the location and phone number of the bank branch where you do your banking. The branch could be a city, street or district. (Examples: University District Branch; 35 th Street Branch; Lakewood Branch)
Routing & Transit Number	The routing & transit number is the 9 digit Bank Identification Number assigned by the American Banking Association. This is the financial institution into which funds will be transferred. To find the routing & transit number assigned to your financial institution, look at the first 9 characters at the bottom of your check. If you are unsure, contact your financial institution.
Account Number / Type	The account number is the company's or individual's bank account number into which funds will be transferred. Indicate by placing an 'X' next to the type (checking or savings) of account into which you wish the funds to be deposited. NOTE: If neither checking nor savings is indicated, the funds will be transferred to the checking account.
Authorization Name	PRINT the name of the individual who has signature authority on the above bank account <u>and</u> who signs this form.
Title	PRINT the title of the individual listed in the 'Authorization Name' field.
Authorization Signature	SIGNATURE of an individual from your business whose name and signature is on record at your financial institution as authorized to approve banking transactions. For an individual/sole proprietor, this field is for your legal signature.
Date	Enter the date the form was signed.

PRIVACY STATEMENT: The information you provide on this form is necessary for successful electronic or warrant payments to you as a vendor. This information is not used for any other purpose. Any personal information you provide (such things as an individual's name, home address, home telephone number, social security number, bank or other financial account numbers) is a public record, and once it is provided is protected from release to the extent allowable by state and federal law. If you believe your personal/private information is being used for a purpose other than what was intended when submitted, you should contact the Office of Financial Management at (360) 664-7691.

Exhibit 4-5
REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION (FORM W-9)

The W-9 form is a Department of the Treasury, Internal Revenue Service form. It is only available in PDF format. It can be accessed and printed from the IRS Internet website which is located at:

www.irs.gov

It can also be obtained by calling 1-800-TAX FORM (1-800-829-3676) and asking for form W-9 (catalog number 10231X).

**Exhibit 4-6
AMENDMENT APPLICATION FORM**



WASHINGTON STATE COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT

**2003 - 2005
Housing Trust Fund
Contract Amendment
Package**

**Housing Division
906 Columbia Street SW
Post Office Box 48350
Olympia, Washington 98504-8350**

Exhibit 4-6
AMENDMENT APPLICATION FORM - Continued

PROJECT SUMMARY

1. Applicant _____
 Address _____
 Phone () _____ FAX () _____ E-Mail _____

2. Contact _____
 Address _____
 Phone () _____ FAX () _____ E-Mail _____

3. Project name: _____

4. Project location _____

5. Project Summary: **Indicate the amount requested and how the funds will be used.**

6. Project Activities: (check all that apply)

<input type="checkbox"/> Acquisition	<input type="checkbox"/> Homebuyer Assistance	<input type="checkbox"/> Currently Vacant
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Currently Owner Occupied	<input type="checkbox"/> Currently Renter Occupied
<input type="checkbox"/> New Construction	<input type="checkbox"/> HUD/USDA Preservation	<input type="checkbox"/>

7. Legislative District _____

8. Target Population: _____ Families _____ Individuals _____ Special Needs

Number of Units Per Special Needs Population

<input type="checkbox"/> Mental Illness	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Developmental disabilities	<input type="checkbox"/> Alcohol/substance abuse
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Farmworker
<input type="checkbox"/> Elderly	<input type="checkbox"/> Youth
<input type="checkbox"/> At risk of displacement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Homeless	

9. Proposed Number of Units Per Size and Income Level:

Median Income	Studio	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom	Five Bedroom	Other	Totals
%								
%								
%								
%								

Exhibit 4-6
AMENDMENT APPLICATION FORM - Continued

10. Affordability commitment	% Median Income	# of Units	# of Years

11. Number of Americans With Disabilities Act (ADA): _____ Units

12. List all permanent capital funding sources for project (do not include operating subsidies or bridge financing).
Attach information on status of funding.

List Specific Source	Original Amt	Revised Amt	Difference
	\$	\$	\$
TOTAL Development Budget	\$	\$	\$

*TDC must match TDC on Question #3 below (Development Budget)

13. Is the applicant a CHDO? _____ Yes _____ No

If yes, Certification date: _____ Certifying Agency: _____

14. Applicants must submit a copy of their governing body's resolution minutes authorizing submittal of this application.
_____ Copy of Resolution is attached

15. Approval of Authorized Official:

Signature	Title
Name	Date

Exhibit 4-6
AMENDMENT APPLICATION FORM - Continued

NARRATIVE EXPLANATION

1. Problem Statement

Describe the current status of your project. What specific amendment is being requested? Please provide a detailed account of the circumstances that led to the need for the change and an explanation of why these circumstances were not anticipated in your approved HTF application.

2. Proposed Project

Has the scope of work changed from your approved HTF application? If so, be specific in detailing any changes to the projects in the following areas:

- Physical and structural components;
- The number and configuration of the units;
- The square footage of the project (both total and residential amounts);
- Location;
- Population to be served;
- Funding services and amounts.

3. Other Alternatives

What other alternatives have you tried to resolve the situation and what are the results of these efforts? If you are requesting additional funds, what specific sources have been contacted and what responses have you received?

- Please send in any letters you have received that have approved or denied funding requests.
- Please include agency's current financial statement.

4. Revised Timeline/Schedule

- Present a detailed schedule of tasks.
- Identify each task, the organization/person responsible, and expected completion date.
- Highlight critical tasks and explain why the date is important.
- Include the timeline for acquiring other funds, licenses, and/or permits.
- Identify the current status of the project on the timeline

5. Site Control

- Describe the current status of site control and the factors associated with acquiring or retaining site control. If the site is not controlled, document the availability of applicable sites and the timeline for obtaining site control.

6. Non-Funding Decision

- Thoroughly describe what will happen to this project if the HTF is unable to provide the requested amendment at this time. Specifically, what will happen to any committed funds and site control.

AMENDMENT APPLICATION FORM - Continued

7. Revised development budget

****TDC must match TDC in summary question 12**

	Total Cost	Non Residential	Source	Housing Source	Source	Source
Acquisition Costs:						
Purchase Price						
Liens						
Closing, Title & Recording Costs						
Extension payment						
Other: _____						
SUBTOTAL						
Construction						
Basic Construction Contract						
Bond Premium						
Infrastructure Improvements						
Hazardous Abate. & Monitoring						
Construction Contingency (%)*						
Sales Taxes						
Other Construction Costs: _____						
Other Construction Costs: _____						
SUBTOTAL						
Development Costs: Professional						
Appraisal						
Architect/Engineer						
Environmental Assessment						
Geotechnical Study						
Boundary & Topographic Survey						
Legal						
Developer Fee						
Project Management						
Technical Assistance						
Other Consultants: _____						
Other: _____						
SUBTOTAL						
Other Development Costs						
Real Estate Tax						
Insurance						
Relocation						
Bidding Costs						
Permits, Fees & Hookups						
Impact/Mitigation Fees						
Development Period Utilities						
Construction Loan Fees						
Construction Interest						
Other Loan Fees (Impact Capital, State HTF, etc.)						
LIHTC Fees						
Accounting/Audit						
Marketing/Leasing Expenses						
Carrying Costs at Rent up						
Operating Reserves						
Replacement Reserves						
Other: _____						
SUBTOTAL						
Total Development Cost**						

Attach additional pages if necessary.

Exhibit 4-6
AMENDMENT APPLICATION FORM - Continued

7. Revised development budget - continued

	<u>Original</u>	<u>Revised</u>
Total Development Cost	_____	_____
Less Non-Residential Cost	_____	_____
Total Residential Cost	_____ *	_____

***Repeat as 'A' below**

Residential Unit Costs

	<u>Original</u>	<u>Revised</u>
A. Total residential development cost	_____	_____
B. Number of residential units (pads for mobile home parks, bedrooms for shelters, group homes, and other forms of shared housing)	_____	_____
C. Maximum number of individuals to be housed	_____	_____
D. Number of households to be housed	_____	_____
E. Number of residential square feet	_____	_____

8. Revised development budget narrative

- A. Use the chart on the following page to explain how the costs for each expense were determined and when the estimates were made.
- B. Identify who made the estimates, and the assumptions used in making such estimates.

Exhibit 4-6
AMENDMENT APPLICATION FORM - Continued

For each cost item, explain the basis for the cost and when the estimate was made. Also identify who made the estimates.

Acquisition Costs:

	Total Cost	
Purchase Price		
Liens		
Closing, Title & Recording Costs		
Extension payment		
Other _____		

Construction

Basic Construction Contract		
Bond Premium		
Infrastructure Improvements		
Hazardous Abate. & Monitoring		
Construction Contingency (%)		
Sales Taxes		
Other Construction Costs _____		
Other Construction Costs _____		

Development Costs: Professional

Appraisal		
Architect/Engineer		
Environmental Assessment		
Geotechnical Study		
Boundary & Topographic Survey		
Legal		
Developer Fee		
Project Management		
Technical Assistance		
Other Consultants: _____		
Other _____		

Other Development Costs

Real Estate Tax _		
Insurance		
Relocation		
Bidding Costs		
Permits, Fees & Hookups		
Impact/Mitigation Fees		
Development Period Utilities		
Construction Loan Fees		
Construction Interest		
Other Loan Fees (i.e. Impact Capital, HTF)		
LIHTC Fees		
Accounting/Audit		
Marketing/Leasing Expenses		
Carrying Costs at Rent up		
Operating Reserves		
Replacement Reserves _____		
Other _____		

Exhibit 4-6
AMENDMENT APPLICATION FORM - Continued

9. Revised Rent Levels

For projects providing rental housing:

Complete the Rent Worksheet below. To complete the last column of the worksheet, use the HUD Household Income Table provided on **page ____** to identify the percent of median income household served in each category of housing unit.



HELPFUL HINT

In reading the HUD tables, low-income means 80% of the area median income and very low-income means 50% of the area median income. The information you provide on this table should be consistent with the information provided in the project summary.

Replace this worksheet with the one that is in the full application.

RENT WORKSHEET

	Number of Units	Size (Number of Bedrooms)	Household Size (Number of Proposed Tenants/Unit)	Proposed Monthly Rent*	Tenant Paid Monthly Utilities	Total Monthly Rent and Utilities	% of Median Income Served
TOTALS							

*Total Proposed Monthly Rent must match Operating Budget's "Year 1 Gross Residential Income".

If the project is an acquisition of multifamily housing, describe existing rent levels by unit size, household size, and tenant incomes. This information may be gathered through a unit-by-unit survey or by a building manager's knowledge of tenants. Applicants who own the building, however, should submit a detailed tenant profile based on a tenant survey. (Attach a separate sheet if necessary.)

Exhibit 4-6
AMENDMENT APPLICATION FORM - Continued

Replace this with the one that is in the full application

10. Revised Preliminary Operating Proforma

REVENUES

Residential Income

Year 1

Year 5

Year 10

(From Rent Level Form)

Gross Rental Income = _____

Other Revenue Sources and Operating Subsidies

+ _____

+ _____

Total Residential Income

= _____

Vacancy Factor

Less Vacancy (at ____ %)

- _____

Effective Gross Income =

EXPENSES

Operating Expenses (Expense inflation factor ____ %)

Heat

Electric

Water & Sewer

Garbage Removal

Contract Repairs

Maintenance and janitorial

Replacement Reserve

Operating Reserve

Management

Off-site

On-site

Insurance

Accounting

Marketing

Other

Real Estate Taxes

Subtotal

Services (see details)

Total Expenses

Net Operating Income (Income - Total Expenses) =

**Debt Service
on Lenders**

**Loan
Amount**

**Rate
(%)**

**Amortization-
(years)**

**Term
(years)**

Lender _____

Lender _____

Lender _____

Total Debt Service =

Projected Gross Cash Flow =

List required uses of cash flow:

Exhibit 4-6
AMENDMENT APPLICATION FORM - Continued

11. Details of Operating Expenses

Operating Subsidies

Source	Proposed	Conditional/ Committed	Total
<i>Total Operating Subsidies</i>			

QUESTION: Are estimates based on current operations? If not, on what basis is each estimate made?

Heat

Electric

Water & Sewer

Garbage Removal

Contract Repairs

**Maintenance and janitorial
(pest control, fire safety,
painting and decorating, etc.)**

Replacement Reserve

Operating Reserve

Off-Site Management

On-Site Management

Resident

Insurance

Accounting

**Other (include identification
of items and cost
estimates for each)**

Exhibit 4-6
AMENDMENT APPLICATION FORM - Continued

12. Details of revised service expenses and subsidies

Indicate each source of Service Revenue and the amount dedicated from that source for years one, five, and ten.

<i>Service Revenues</i>	Year 1 Revenue	Year 5 Revenue	Year 10 Revenue
TOTALS	\$0	\$0	\$0

Indicate each type of Service Expense and the amount of that expense for years one, five, and ten.

<i>Description of Service Expenses</i>	Year 1 Expense	Year 5 Expense	Year 10 Expense
TOTALS	\$0	\$0	\$0

Total Revenues Less Expenses	Year 1	Year 5	Year 10
TOTALS	\$0	\$0	\$0

Exhibit 4-7
PHASE 1 CLOSEOUT CHECKLIST



WASHINGTON STATE
COMMUNITY, TRADE AND
ECONOMIC DEVELOPMENT

Building Foundations for the Future

Contractor Name: _____
 Project Name & Address: _____
 Contract Number: _____
 Staff: _____
 Contact Name: _____
 Contact Phone Number: _____
 Date of Site Visit: _____

Required Documents	OCD file	Required	Verify on-site	Comments
1. CONTRACTUAL DOCUMENTS				
A. A separate file for the HFU contract			X	
B. Fulfillment of the Scope of Work according to the contract terms and conditions				
C. Final Development Budget(income and expense in source and uses statement)				
D. Efforts to include MWBE in project construction/rehabilitation			X	
E. Efforts to market units to the target population, i.e., ads, flyers, etc			X	
F. Appraisal				

Exhibit 4-7
PHASE 1 CLOSEOUT CHECKLIST - Continued

Required Documents	OCD file	Required	Verify On-site	Comments
2. SECURITY INSTRUMENTS				
B. Tenant Qualification criteria and Procedures for tenant selection				
A. House rules C. Facility maintenance plans D. Service plans E. Property management team with job descriptions F. Three-year operating budget (including separate line item of operating and replacement reserves)				
G. Tenant Qualification criteria and Procedures for tenant selection			X	
H. Tenant eligibility-income verification (procedures and intake form)			X	
H. A copy/description of accounting System including procedures and Safeguards				
4. FINANCE REPORTING				
A. Current operating budget				
B. Chart of accounts: 1. Accounting codes to track actual operating revenues and expenses 2. Separate General Ledger account for Operating Reserves 3. Replacement reserves			X X X	*Operating Reserves: Account balance \$ Anticipated /Actual deposit per unit per year: \$ *Replacement Reserves: Account balance \$ Anticipated/Actual deposit per unit per year : \$
C. Fiscal reporting year:				
D. Current audit report				

Exhibit 4-7
PHASE 1 CLOSEOUT CHECKLIST - Continued

5. SINGLE FAMILY HOMEOWNERSHIP PROJECTS	
A. Final list of homeowners incl. address	
6. FACILITIES	
A. Number of buildings/units	Building: _____ Units: _____
B. Building physical condition	Certificate of Occupancy: Yes _____ No _____ Final Permit Inspection: Yes _____ No _____ Housing Quality Standards: Pass _____ Fail _____ Corrected _____
Notes:	

Exhibit 4-7
PHASE 1 CLOSEOUT CHECKLIST - Continued

INSTRUCTIONS

Note: Shaded items are verified on-site.

1. CONTRACTUAL DOCUMENTS

- A. The contractor will maintain a separate file for HTF contracts. The reviewer will examine the contract file, verifying that the contract is present and complete.
- B. The reviewer will inspect the property and construction-related documents to ensure that the scope of work of the contract is fully completed.
- C. The contractor will provide the reviewer a Final Development Income and Expense Statement (this document must include all funding sources and the uses those funds were put to) that shows all actual capital funding sources for the project and development cost expense items. The Development Budget in the original application was a proposed, not final, explanation for the use of capital funds.
- D. For federally funded new construction or rehabilitation projects, the reviewer will examine documentation of the contractor's outreach efforts to include Minority and Women owned Business Enterprises in new construction or rehabilitation. The reviewer will review the procedures for soliciting bids and hiring contractors for the various stages of the project.
- E. The reviewer will examine the marketing plan that outlines how the organization will market units to the target population of residents and review documentation that the marketing plan was implemented. For example, if housing applications are based on referrals from other organizations, provide copies of the documents you receive from each referring agency. If your referral efforts include walk-in tenants, provide us any marketing materials, i.e., ads, flyers, etc.
- F. The reviewer will examine the file to identify whether documentation of the appraisal supporting the purchase price of the property is evident. The appraisal must have been completed by an independent third party appraiser.

2. SECURITY INSTRUMENTS

The reviewer will verify that the following security documents listed in this section are completed and on file with the contractor.:

- A. The contractor's copy of our executed contract, and all amendments, if any. This is the same as Item 1A above.
- B. A copy of the recorded Deed of Trust. The reviewer will verify that the original recorded Deed of Trust was submitted to the Department prior to departing on the Phase I Closeout visit.
- C. A copy of the promissory note to the Department. The reviewer will verify that a copy of the promissory note was submitted to the department prior to departing on the Phase I Closeout visit.
- D. A copy of the recorded Low Income Housing Covenant Agreement. The reviewer will verify that the original recorded covenant was provided to the department prior to departing on the Phase I closeout visit.
- E. The reviewer will review the Lender's Title Insurance documents, ensuring that the department's interests in the property are adequately protected.

Exhibit 4-7
PHASE 1 CLOSEOUT CHECKLIST - Continued

2. SECURITY INSTRUMENTS - continued

- F. Current property insurance records indicating appropriate levels of coverage and naming CTED as lender loss payee. Prior to departing for the site visit, the reviewer will verify that current coverage confirmation forms reflecting appropriate levels of coverage and naming CTED as lender loss payee have been submitted to the Department . The contractor must provide CTED with a current copy of the insurance verification sheet annually as coverage is renewed
- G. Current liability insurance indicating appropriate levels of coverage and naming CTED as an additionally insured party. Prior to departing for the site visit, the reviewer will verify that current coverage confirmation forms reflecting appropriate levels of coverage and naming CTED as an additionally insured party have been submitted to the Department., The contractor must provide CTED with a current copy of the insurance verification sheet annually as coverage is renewed
- H. An assignment, assumption and consent agreement, if appropriate, as in items 1A and 2A above.
- I. Subordination/priority agreements reflecting the same agreements on file with CTED, if appropriate.
- J. Prior to departing for the site visit, the reviewer will determine whether the contract for the project calls for delivery of services to the tenants. If such service delivery is called for and requires licensing, the reviewer will examine the required license(s) on site for appropriateness and current status.
- K. The reviewer will examine the Certificate of Occupancy and/or the final inspection documents finding that the property meets the local building code requirements and is suitable for occupancy by the intended tenants. These documents may include facility-licensing documents issued by other government agencies such as the Department of Social and Health Services or the Department of Health.

3. MANAGEMENT PLAN

The Management Plan is due to the Department 60 days prior to the project opening. This is a single comprehensive document that describes policies, procedures, and strategic plans regarding the project funded by CTED. The management plan should be a component of the contracting organizations overall business plan. An example of such a business plan may be found at Exhibit 5-4.

- A. The reviewer will examine the house rules. These rules are the policies and procedures that include the terms and conditions of residency as required by the tenant's lease, the manager's business hours, mandatory meetings of tenants, if any, etc.
- B. The reviewer will examine the facility maintenance plan, which describes the building components and the short and long term maintenance and replacement needs of those components. Other elements of the plan, i.e., fire safety, pest control, etc., will also be reviewed for adequacy. This correlates with operating and replacement reserves and the amount of funds to be maintained in those accounts.
- C. The reviewer will examine the service plan(s) that describe the types of services that the contractor has agreed to provide to tenants, if any. The plan(s) should including short- and long-term tenant services.
- D. The reviewer will examine the membership of the property management team and their job descriptions. The review will include the list of the property management staff, including volunteers, their roles in managing the property in question and, responsibilities in property management. This requirement includes asset management staff, if any.

Exhibit 4-7
PHASE 1 CLOSEOUT CHECKLIST - Continued

3. MANAGEMENT PLAN - continued

- E. The reviewer will examine the contractor's three-year operating budget, including the current year for adequacy in assuring that the property will remain viable during that time.
The reviewer will examine the contractor's tenant qualification criteria and procedures for tenant selections from the project management plan. This portion of the plan will explain how the contractor selects tenants. If combined with referrals and walk-ins, explain the process and qualification criteria.
- F. The reviewer will examine tenant selection, income verification and rent determination documents to ensure that tenants are qualified to reside in the project. The management plan and selection criteria and procedures must be consistent with HTF rent and income requirements. If tenants are/were referred, identify the referral agency and review the referral form used by that agency. If tenants are/were walk-ins, examine a copy of the contractors in-take form and review the methods used to verify client's eligibility.
- G. The reviewer will examine the accounting system, including internal control procedures and safeguards against fraud or abuse. Review any bookkeeping procedures used to track the financial activities of the project, procedures to authorize payments to subcontractors and, levels of reserve accounts compared with projected needs of the project.

4. FINANCE REPORTING

- A. The reviewer will review the current operating budget, as in item 3E above.
- B. The reviewer will examine the contractor's chart of accounts (account codes to track actual operating revenues and expenses). The reviewer will examine the operating and replacement reserves accounts for compliance with the management plan and ensure that separate General Ledger Accounts are maintained for each. Determine the position and person controlling the account information for operating and replacement reserves.
- C. The reviewer will ascertain the fiscal reporting year of the contractor and enter that information here.
- D. The reviewer will determine, prior to departing for the site visit, if a current audit report has been submitted. If not, the current audit will be reviewed at the contractor's offices, and the contractor will be advised to submit a copy of the current audit and all management letters and notes to the Departments audit manager.

5. SINGLE FAMILY HOMEOWNERSHIP PROJECTS.

- A. The reviewer will examine the final list of homeowners, including the addresses of homes financed, and compare that information with the amounts distributed.

6. FACILITIES

- A. Number of building and units. The reviewer will enter the total number of buildings in the project in the building space and the total number of units in the project in the units space. The number of units will depend upon the type of units called for in the contracts. The units could be apartments, single family homes, rooms or beds.
- B. Building physical condition. The reviewer will inspect the buildings in the project and note their overall condition as Excellent, Good, Adequate or Inadequate.